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ABSTRACT

The pros and cons of sexuality education are discussed in this report from Planned Parenthood. Research on the effectiveness of sexuality education has focused primarily on college students, having little relevance for teenage sexuality education. The Kirby report, two studies of the effects of sexuality education on teenagers' attitudes, knowledge, and behavior, found pre- and post-tests were the same for attitude and behavior inventories. Researchers had problems collecting data on teenage pregnancy, abortion, and birth rates which could be linked to the population in the programs. Problems of causal connection between programs and outcomes also arose. Sexuality education did not increase the likelihood that teenagers would have sexual intercourse or that their values would change as a result of the program. The Kirby report showed that sexuality education did not stop teenagers from having intercourse or having babies, and it concluded that sexuality education needs to be long-term and pervasive to have a positive impact. Community commitment is needed for effective programs. Unless teenagers see the value of postponing childbearing, sexuality education may do little to drop rates of teenage pregnancy. Planned Parenthood, as a provider of quality sexuality education, needs to work with other concerned community groups in complementary activities. Sexuality education, continued and improved access to contraception, and safe legal abortion are three parts of the answer to prevent children from having children. Fifteen references conclude the report. (ABL)

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Does Sexuality Education Make a Difference?

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Does Sexuality Education Make a Difference?

The pros and cons of sexuality education have been debated for years. Concerned citizens including, but not limited to parents, have argued heatedly that such education can prevent unwanted pregnancies and births to teenagers (or that it encourages youth to become sexually active); that it gives young people assistance in learning to make decisions about whether they wish to become sexually active (or that it promulgates secular humanism and destroys the family); and that it gives young people the information that they need to make intelligent decisions about the consequences of their actions (or that it exposes them to corrupting information about "raw sex").

These debates have generated more heat than light. As with most education, it is difficult to see an immediate return on the investment of teaching. Of course, if sexuality education were simply learning reproductive biology and the names and use-effectiveness of contraceptives, all we would have to do would be to give an exam to test retention. However, sexuality education is a much broader subject than reproductive biology (Planned Parenthood, 1982). Until recently, research into knowledge, attitude and behavior change as a result of exposure to sexuality education has been spotty, focused on college student populations and not generally useful to those of us who must develop programs for teenagers or parents. The sexuality education to which American young people have been exposed has ranged from full semester courses for high school seniors who elect to take the course, to reproductive biology units in biology classes, church youth group courses, uncomfortable lectures by gym teachers, or "the menstruation film" shown to 5th or 6th grade girls. A recent evaluation of sexuality education finds that 15 percent of American youth have comprehensive, timely sexuality education (Sonenstein, 1985).

Opposition to such education has also varied widely. Some people are genuinely concerned that schools are usurping yet another function of the family -- one that, unlike physics, English literature or algebra, parents can and should do themselves. It is, of course, another matter whether parents DO consciously teach their children. Parental concern about the function of the schools can surface at all points on the political spectrum. Even though this concern is focused on sexuality education, it can be a bellweather for basic disagreements about many other, less easy to articulate subjects ranging from politics to unemployment to the rights of women.

Recently, a researcher (Mahoney, 1979) examined a national sample of adults for differences between those who supported and those who opposed "sex education" in the public schools. He found that people who opposed sex education were more likely to have a conservative orientation toward the family, women's roles, and premarital sex. This was the case even when political attitudes, marital status, age and religion were controlled. As sexuality educators, we can and must deal with opposition to sexuality education respectfully and with understanding about people's concerns.

Recently the first comprehensive study of the effects of sexuality education on teenagers' attitudes, knowledge and behavior has been completed. Mathtech, a consulting firm in the Washington D.C. area, won two consecutive contracts from the Centers for Disease Control to study sexuality and types of sexuality education in the U.S. as of 1979. (The first report was: An Analysis of U.S. Sex Education Programs and Evaluation Methods.) Building on those findings, the volume of special interest in the second report, which was summarized in the June 1984 issue of ETR's Family Life Educator, is the 41-page executive summary of Sexuality Education: An Evaluation of Programs and Their Effects. In it the main author, Doug Kirby, evaluates nine sexuality education programs at seven sites. Two of the sites were at Planned Parenthood affiliates, and one of those affiliates had two programs which were included. As Kirby says, the study "probably contains some data somewhere to support nearly any conclusion." There were three types of evaluation. The first was obtained from participants at the time of the conclusion of the programs. In the second, the researchers used pre- and post-tests and follow-up evaluations three months later, at sites where the program allowed it. Third, they looked at teenage

pregnancy and birth data where the situation was such that they could have access to the data for the group which had been exposed to the programming.

The pre- and post- tests were the same for all programs, as were the attitude and behavior inventories, although they were not all administered in every program. To me this implies that there may have been differences between what was taught and what was measured, and gaps between the long range goals of the program and the attitude changes that were measured. I believe that these are flaws in the report. However, it is the best information currently available.

The researchers had difficulty in obtaining data on teenage pregnancy, abortion and birth that could be directly linked to the population which had been in the educational programs. Aside from the very real problems of data collection and significance in small sample sizes, there are problems with the causal connections between the programs and the outcomes. Because two events occur at close to the same time does not mean that event 1 causes event 2. Using such methods we might argue that anti-smoking campaigns cause cancer. There is a "chain" of decisions between exposure to a sexuality education program and later private, personal behavior. Education could have had an impact on various "links" in this chain for various participants. The reality is that there are much more profound influences on sexual behaviors in our society than education programs. Furthermore, outcome variables like pregnancy, abortion and birth cannot measure the influence of sexuality education programming on young men, except indirectly. The study did show that the positive behaviors which were demonstrated in the programs, such as parent-child communication about sexuality, and which the participants had a chance to practice, were continued later on.

As has every other report, the so-called "Kirby report" shows that sexuality education does not increase the likelihood that a teenager will have sexual intercourse or that their values will change as a result of the program. And following that, we can say that sexuality education cannot increase the likelihood of contracting STDs because it does not increase the probability of having intercourse. (The report did not evaluate the effectiveness of sexuality education as STD prevention).

For some of our opponents who make connections between sexuality education and adolescent promiscuity (by which they generally mean any intercourse outside of marriage), this report provides incontrovertible evidence that such a connection does not exist, and probably never has existed. In the March/April '85 issue of Family Planning Perspectives, Dick Lincoln, Senior Vice President of the Alan Guttmacher Institute, talks about the very low rates of adolescent birth and adolescent abortion in Sweden (less than half the U.S. rates). Sexuality education has been mandated there for over 25 years. This article also talks about adolescent pregnancy in other so-called developed nations.

When confronted with, "This report proves that sexuality education doesn't stop teenagers from having intercourse or having babies", it seems to me that there are two major categories of response. First, it is true. We may, in the U.S., be looking for the quick fix. To expect that exposure to a short-term sexuality education program, no matter how good, will have an immediate effect on behavior is to expect too much. Sexuality education must be long term and pervasive if it is to have a positive impact. Conflicting messages about sexuality are part of everyone's life, every day. We have to think in terms of years or generations, not in terms of months. Doing such long-term evaluation requires generations of evaluators -- a rare phenomenon. And it generally requires long-term funding, even more rare.

One teacher of sexuality education classes in the years from 1969 to 1977 sent out questionnaires to his former students in 1984, asking what they remembered of and how they had responded to those classes they'd had when they were 12 and 13 (Johnson 1984). Over half responded that the unit had had a profound effect on their later lives. Over three-quarters said that the information they were given continued to be helpful, especially the contraceptive information. It is rare to see such studies, even when they are as small and select as this one. A second, very positive, long term evaluation is of the Perry Preschool where early intervention was associated with long term positive effects including lower teen pregnancy rates (High/Scope, 1984).

A second category of reply to criticism of the effects of sexuality education is that the total community environment influences the behavior of its citizens. This is one of the reasons Planned Parenthood has such a strong commitment to community based education, and to development of model programs such as those funded by the Mellon Foundation. (See Winter 84-85 Emphasis and Working Together, 1984). It takes, we believe, whole communities, working more or less in concert, to create the climate in which young people can make responsible decisions about their sexuality. By responsible, I mean decisions which include a realistic assessment of the degree to which they are acting as a result of peer pressure and which include rational evaluations of the likelihood of pregnancy and the effectiveness of contraception.

For example, the Arkansas Family Planning Council has done a field evaluation of the effects of their programs, looking at teenage birth rates in two parts of Arkansas; one in which there was community support for sexuality education, and one in which there was none. Rates of teen pregnancy were lower where the support for sexuality education and family planning was higher. James Allen, a Fellow of the Carolina Population Center at the University of North Carolina, reporting on two North Carolina communities, found the same sort of results. Coalition, trust-building, the development of broad-based local support, and shared responsiblity are critical in effectively educating the young people in our communities about sexuality.

The "Kirby Report" brings another message as well. Even with results which some have branded as disappointing, Kirby and the other authors do not advocate the elimination of sexuality education. The final several volumes of the report are curriculum guides to be used in sexuality education programs.

It is increasingly clear that unless teenagers can see the value of postponing childbearing until they have launched their own lives, any attempts at sexuality education, especially if they are not directly linked with access to services, may do little to drop the rates of teen pregnancy. We must pay attention to the things which are important to young people -- a sense of the future, of self-esteem and of empowerment. We cannot expect instant change and we must not promise it. Furthermore, we cannot effect change alone. We must work in coalition with others who can supply the pieces of the puzzle that we cannot. Some of these include job training, employment and a sense of the future predicated on real prospects. In carrying out our part of this long range plan, a new book, The Front Lines of Sexuality Education: A Guide to Building and Maintaining Community Support (Scales, 1984) gives step-by-step instructions on how to build support.

Advocates for sexuality education -- parents, educators and clergy -- should not expect to change the minds or win the hearts of our very small but very vocal opposition. Planned Parenthood must build upon our long, admirable history of providing quality education, and in working with coalitions of other concerned community groups.

For example, Planned Parenthood in Memphis has designed specific workshops for parent-young adolescent communication skill development. They have a step-by-step curriculum guide, available through the education department at PPFA. Planned Parenthood of Yakima, Washington, as part of the Mellon financed "Working Together" model project, devised innovative ways to involve parents in direct education of their children. Muskegon, Michigan Planned Parenthood has an in-school clinic and sexuality education program. Burt and Sonenstein (1985) writing for the Urban Institute, have a tough-minded evaluation of what kinds of programs in what kinds of settings are most likely to reach and change the behaviors of those at highest risk of welfare dependency due to teenage births. The Children's Defense Fund, long known as advocates for children, especially poor children, has designed "Child Watch." These are studies where the participants, (child advocates, members of the Junior League, of the National Council of Negro Women, and a wide range of community groups), through collecting data on the status of young people in their own communities, are alerted to the need for sexuality education by the grim facts of teenage pregnancy and parenthood.

When they were launched, each of these successful programs required careful, painstaking coordination, community education, coalition building, and some compromise. We must not confuse community "resistance," which may be overcome by education, with

"opposition" which may not be overcome for reasons well beyond anything which we have the power to change. Surveys conducted by nationally reputable groups repeatedly show that over 80 percent of U.S. citizens support the provision of sexuality education to children in schools, community settings, churches and synagogues.

Sexuality education is one part of the answer to problems in our society which result in children having children. Continued and improved access to contraception is another component. Keeping abortion safe and legal is a third component. And these three are actions in which we have years of experience.

We have to keep on keeping on, refining our methods, targeting our audiences more precisely, and realizing that our services are a necessary but not sufficient answer. Young people (or adults, for that matter) do not live in a vacuum. The motivations for people to benefit from education, and to utilize family planning services come also from the society in which they live.

The "Kirby report," which some have seen as a harbinger of doom for all sexuality education programs, is, in fact, not such a document. Instead, its authors see sexuality education, as does the PPFA Task Force on Adolescent Pregnancy, as a necessary but not sufficient component of the solution to the problem of unintended teenage pregnancies. This is the strongest message which we can extract from Sexuality Education: An Evaluation of Programs and Their Effects.

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